



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name COLLIER		First Name STEVEN		Middle Name KENT	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 10105 HERMOSA DRIVE				5. FAX (Optional)		6. E-mail Address (Optional) COLLIERSTEVE@COMCAST.NET
7. City LAWRENCE	State IN	ZIP Code 46236	8. County MARION	9. Telephone (Day) (317) 823-6185	10. Telephone (Evening) (317) 902-3930	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CITY OF LAWRENCE MAYOR		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name COMMITTEE TO ELECT STEVE COLLIER						
14. Mailing Address <input type="checkbox"/> Check if this is a new address 10105 HERMOSA DRIVE				15. FAX (Optional)		16. E-mail Address (Optional) COLLIERSTEVE@COMCAST.NET
17. City LAWRENCE	State IN	ZIP Code 46236	18. County MARION	19. Telephone (317) 823-6185	20. Committee Organization Date (MM-DD-YY) 2/20/2011	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson STEVEN KENT COLLIER						
22. Mailing Address <input type="checkbox"/> Check if this is a new address 10105 HERMOSA DRIVE				23. FAX (Optional)		24. E-mail Address (Optional) COLLIERSTEVE@COMCAST.NET
25. City LAWRENCE	State IN	ZIP Code 46236	26. County MARION	27. Telephone (Day) (317) 823-6185	28. Telephone (Evening) (317) 902-3930	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) FORUM						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer ADAM BAKER		Signature of the Committee Chairperson <i>Steven K. Collier</i>	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer ADAM JEFFREY BAKER						
34. Mailing Address <input type="checkbox"/> Check if this is a new address 7917 DILLON PLACE				35. FAX (Optional)		36. E-mail Address (Optional) ABAKER@SBCGLOBAL.NET
37. City LAWRENCE	State IN	ZIP Code 46236	38. County MARION	39. Telephone (Day) (317) 417-8562	40. Telephone (Evening) (317) 417-8562	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>A. Baker</i>
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson STEVEN KENT COLLIER	Signature of Chairperson <i>Steven K. Collier</i>	Date (MM-DD-YY) 1/23/15
43. Typed or Printed Name of Candidate STEVEN KENT COLLIER	Signature of Candidate <i>Steven K. Collier</i>	Date (MM-DD-YY) 1/23/15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myla A. Eldredge

JAN 23 2015

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